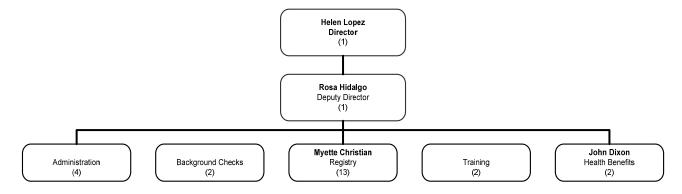
IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY Helen Lopez

MISSION STATEMENT

San Bernardino County In-Home Supportive Services Public Authority improves the availability and quality of Homecare in the County of San Bernardino.



ORGANIZATIONAL CHART



2009-10 AND 2010-11 ACCOMPLISHMENTS

- The Criminal Background Investigations Unit processed over 22,000 criminal background reports to comply with the State of California's new In-Home Supportive Services (IHSS) fraud initiative.
- Partnered with the Workforce Investment Board's American Recovery and Reinvestment Act (ARRA) funding to assist over 2100 IHSS providers to pay for fingerprints.
- Answered over 105,000 phone information requests in Paycheck Customer Service.
- Hosted two Caregiver Appreciation Day events in the cities of Victorville and Rialto honoring over 300 homecare providers.
- Increased Registry Provider cadre in the hard to serve county areas of the Mountains (25%) and Needles (20%).



SUMMARY OF BUDGET UNITS

າ	n	1	1	_1	2

	Appropriation	Revenue	Net County Cost	Fund Balance	Revenue Over/ (Under) Exp	Staffing
Special Revenue Fund						
In-Home Supportive Services Public Authority	7,038,900	5,625,138		1,413,762		25
Total Special Revenue Fund	7,038,900	5,625,138		1,413,762		25

5-YEAR APPROPRIATION TREND							
	2007-08	2008-09	2009-10	2010-11	2011-12		
In Home Supportive Services Public Authority	6,154,593	5,946,812	7,436,914	8,252,118	7,038,900		
Total	6,154,593	5,946,812	7,436,914	8,252,118	7,038,900		

5-YEAR REVENUE TREND							
	2007-08	2008-09	2009-10	2010-11	2011-12		
In Home Supportive Services Public Authority	4,802,047	4,594,266	6,029,591	6,841,463	5,625,138		
Total	4,802,047	4,594,266	6,029,591	6,841,463	5,625,138		

5-YEAR FUND BALANCE TREND							
	2007-08	2008-09	2009-10	2010-11	2011-12		
In Home Supportive Services Public Authority	1,352,546	1,352,546	1,407,323	1,410,655	1,413,762		
Total	1,352,546	1,352,546	1,407,323	1,410,655	1,413,762		



In-Home Support Services Public Authority

DESCRIPTION OF MAJOR SERVICES

The In-Home Supportive Services (IHSS) program was created in 1973 to serve elderly, blind, and/or disabled individuals who are not able to remain safely in their home without assistance. Section 12302.25 of the Welfare and Institutions Code (WIC) mandates that each county, on or before January 1, 2003, must act as, or establish,

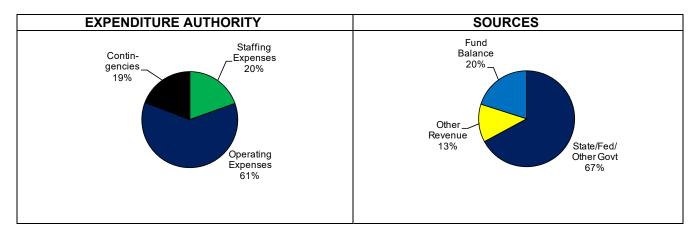
Budget at a Glance	
Total Expenditure Authority	\$7,038,900
Total Sources	\$5,625,138
Fund Balance	\$1,413,762
Total Staff	25

an employer of record for collective bargaining purposes for IHSS care providers. The IHSS Public Authority (PA) was established to comply with this mandate.

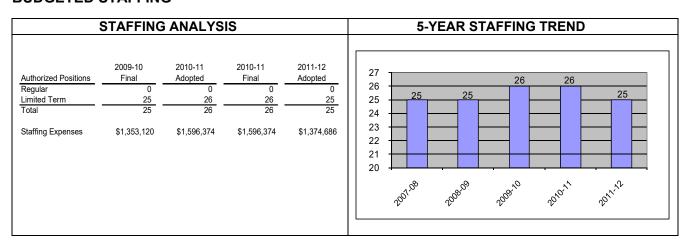
In addition to its role in collective bargaining, the IHSS PA is required by WIC to provide the following mandated services:

- Establish a registry of potential care providers.
- Investigate the background and qualifications of potential care providers.
- Refer potential care providers from the registry to IHSS consumers upon request.
- Provide training for both IHSS care providers and consumers.
- Perform other functions related to the delivery of IHSS as designated by the governing board.

2011-12 ADOPTED BUDGET



BUDGETED STAFFING





ANALYSIS OF 2011-12 ADOPTED BUDGET

GROUP: Other Agencies
DEPARTMENT: IHSS - Public Authority
FUND: IHSS - Public Authority

BUDGET UNIT: RHH 498
FUNCTION: Public Assistance
ACTIVITY: Other Assistance

	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2010-11 Final Budget	2011-12 Adopted Budget	Change From 2010-11 Final Budget
<u>Appropriation</u>							
Staffing Expenses	1,205,894	1,353,973	1,353,120	1,435,598	1,596,374	1,374,686	(221,688)
Operating Expenses	2,571,769	2,548,671	3,104,021	4,179,543		4,311,668	(1,090,143)
Capital Expenditures	0	0	0	0	0	0	0
Contingencies		0		0	1,352,546	1,352,546	0
Total Exp Authority	3,777,663	3,902,644	4,457,141	5,615,141	8,350,731	7,038,900	(1,311,831)
Reimbursements	0	0	(13,769)	0	(98,613)	0	98,613
Total Appropriation	3,777,663	3,902,644	4,443,372	5,615,141	8,252,118	7,038,900	(1,213,218)
Operating Transfers Out	0	0	0	0	0	0	0
Total Requirements	3,777,663	3,902,644	4,443,372	5,615,141	8,252,118	7,038,900	(1,213,218)
Departmental Revenue							
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	3,260,265	3,214,610	3,709,778	4,850,185	5,860,560	4,723,826	(1,136,734)
Fee/Rate	0	0	3,084	0	0	0	0
Other Revenue	42,053	28,483	(76,035)	768,064	980,903	901,312	(79,591)
Total Revenue	3,302,318	3,243,093	3,636,827	5,618,249	6,841,463	5,625,138	(1,216,325)
Operating Transfers In	483,379	661,002	809,877	0	0	0	0
Total Sources	3,785,697	3,904,095	4,446,704	5,618,249	6,841,463	5,625,138	(1,216,325)
				Fund Balance	1,410,655	1,413,762	3,107
			E	Budgeted Staffing	26	25	(1)

BUDGET CHANGES AND OPERATIONAL IMPACT

Staffing expenses of \$1.4 million fund 25 budgeted positions and is decreasing by \$221,688 as a result of eliminating 1 position and reductions to work schedules by all staff.

Operating expenses of \$4.3 million include annual registry and provider health benefits databases licensing and maintenance, provider and staff training, provider background investigations and finger printing, county overhead charges (COWCAP) and payments for provider health benefits. The decrease of \$1.1 million is primarily due to the sunset of American Recovery and Reinvestment Act (ARRA) funding that has been available the past two years for provider health benefits.

Contingencies of \$1.3 million represents the amount of fund balance required to be set aside to guarantee appropriate cash flow due to retroactive reimbursements from federal and state funding sources.

State, federal or government aid of \$4.7 million represents the federal and state mandated share of Public Authority expenditures. For 2011-12, the amount of federal funding will decrease as a result of the loss of ARRA funding.

Other revenue of \$901,312 represents the net county share required to match federal and state funding for this program and is decreasing by \$79,591 due to overall federal and state funding being reduced. The net county share is funded with social services realignment.



2011-12 POSITION SUMMARY

Division	Regular	Limited Term	Total	Filled	Vacant	New	Total
Administration	0	6	6	6	0	0	6
Background Checks	0	2	2	2	0	0	2
Health Benefits	0	2	2	2	0	0	2
Registry	0	13	13	13	0	0	13
Training	0	2	2	2	0	0	2
Total	0	25	25	25	0	0	25

Administration 1 Executive Director 1 Deputy Director 1 Fiscal Asst 2 Office Assistant II 1 Staff Analyst I	<u>Background Checks</u> 2 Office Assistant III	<u>Health Benefits</u> 1 Staff Analyst II 1 Office Assistant III	Registry 1 Administrative Supervisor I 2 Office Assistant III 5 Office Assistant II 5 Social Worker I
Training 2 Office Assistant III			



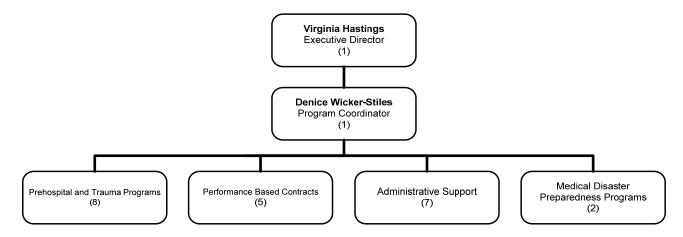
INLAND COUNTIES EMERGENCY MEDICAL AGENCY Virginia Hastings

MISSION STATEMENT

To ensure an effective system of quality patient care and coordinated emergency medical response by planning, implementing and evaluating an effective emergency medical services system including fire department and public ambulances, pre-hospital providers and hospitals, including specialty care hospitals, such as trauma and cardiac care hospitals.



ORGANIZATIONAL CHART



2009-10 AND 2010-11 ACCOMPLISHMENTS

- Established two Cardiac Care Centers in 2009-10 bringing the total amount of centers to 6 in San Bernardino County
- Reviewed 100% of 911 cardiac related phone calls
- Implemented Statewide Central Registry and new disciplinary procedures for Emergency Medical Technicians in accordance with new State regulations
- Initiated Emergency Medical Services (EMS) Aircraft contracts for San Bernardino County
- Increased participation in system wide EMS data collection program with all system participants except some fire agencies
- Increased countywide hospital disaster preparedness through the purchase of various items and training

2011-12 GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: ENSURE THAT THE MOST EFFECTIVE EMERGENCY SERVICES ARE DELIVERED TO THE RESIDENTS OF SAN BERNARDINO COUNTY

Objective: Designate Specialty Care Hospitals to allow paramedics to transport specialty care patients to Specialty Care Hospitals in order to access the services of specialty physicians in a timelier manner.

Measurement	2008-09 Actual	2009-10 Actual	2010-11 Target		2011-12 Target
Increase in number of Cardiac Care Hospitals (CCH) designated in the Inland Counties Emergency Medical Agency (ICEMA) jurisdiction.	s 4	2	1	0	1
Establishment of Neurovascular Stroke Receiving Centers Designated in the Inland Counties Emergency Medical Agency Jurisdiction.	I N/A	N/A	N/A	N/A	4

In 2008-09, ICEMA established implementation of CCH as one of its objectives. During that year, ICEMA designated Loma Linda University Medical Center, San Antonio Community Hospital, St. Mary's Medical Center and Pomona Valley Hospital as CCH. In 2009-10, ICEMA designated St. Bernardine Medical Center and Riverside Community Hospital as CCH increasing the number of hospitals to six. In 2010-11 ICEMA began negotiations with a seventh hospital but was unable to complete the process before the close of the fiscal year. The target is to designate a seventh Cardiac Care Hospital in 2011-12.

In addition, ICEMA is establishing the implementation of Neurovascular Stroke Receiving Centers as one of its objectives. In 2011-12 ICEMA is working to designate a minimum of four hospitals as Neurovascular Stroke Receiving Centers.

GOAL 2: IMPLEMENT AN EMERGENCY MEDICAL SERVICES AUTHORITY QUALITY IMPROVEMENT (QI) PLAN

Objective: Adapt and implement a medically sound and current Quality Improvement Plan within the ICEMA Region.

	2008-09	2009-10	2010-11	2010-11	2011-12
Measurement	Actual	Actual	Target	Actual	Target
Number of departments with approved ICEMA QI Plan.	N/A	N/A	N/A	N/A	15
Number of educational programs designed and produced to address system Quality Improvement issues identified through a strong, standardized Quality Improvement program.		N/A	N/A	N/A	5

For 2010-11, ICEMA adapted and implemented the Emergency Medical Services Authority's (EMSA) new Quality Improvement Plan.

In 2011-12 ICEMA will continue to work with constituents to implement the new plan and identify key audit filters of system review. Additionally, ICEMA intends to initiate online educational program for all EMS personnel. Staff will design and produce a minimum of five courses to be offered in addition to standard continuing education courses to address system Quality Improvement issues identified through a strong, standardized Quality Improvement program.



Inland Counties Emergency Medical Agency

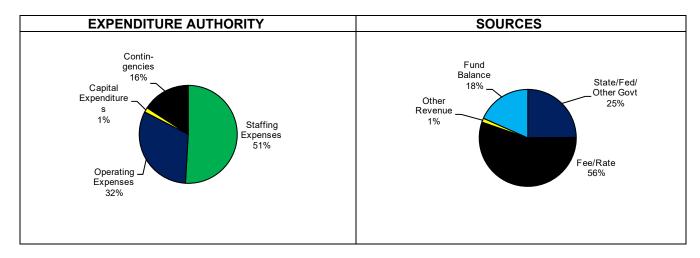
DESCRIPTION OF MAJOR SERVICES

The Inland Counties Emergency Medical Agency (ICEMA) was developed under a Joint Powers Agreement with San Bernardino, Inyo and Mono Counties. ICEMA is responsible for ensuring effective emergency medical services for the three county areas. Specifically, they are charged with the coordination, evaluation and monitoring of emergency medical services within public and private pre-hospital

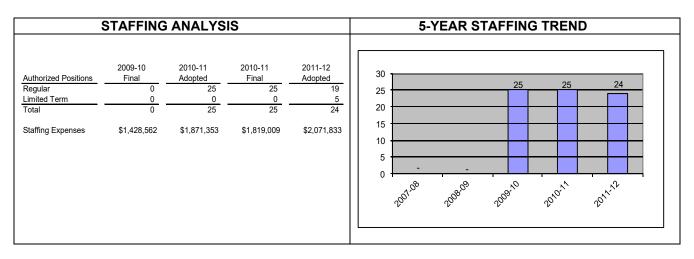
Budget at a Glance	
Total Expenditure Authority	\$4,069,369
Total Sources	\$3,322,116
Fund Balance	\$747,253
Total Staff	24

providers, specialty hospitals, paramedic base hospitals, as well as the effectiveness of Emergency Medical Services (EMS) educational programs and medical disaster preparedness in accordance with Health and Safety Code, Division 2.5 and the following eight defined components of EMS: system organization and maintenance, staffing and training, communications, transportation, assessment of hospitals and critical care centers, data collection and evaluation, public information and education and disaster response.

2011-12 ADOPTED BUDGET



BUDGETED STAFFING





ANALYSIS OF 2011-12 ADOPTED BUDGET

GROUP: Other Agencies

DEPARTMENT: Inland Counties Emergency Medical Agency

FUND: ICEMA

BUDGET UNIT: SMI ICM

FUNCTION: Health and Sanitation

ACTIVITY: Hospital Care

	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2010-11 Final Budget	2011-12 Adopted Budget	Change From 2010-11 Final Budget
Appropriation						-	
Staffing Expenses	0	0	1,428,562	1,819,009	1,819,009	2,071,833	252,824
Operating Expenses	0	2,227	1,415,944	1,189,104	1,189,110	1,288,449	99,339
Capital Expenditures	0	0	415,357	108,345	108,349	63,000	(45,349)
Contingencies	0	0	0	0	692,267	646,087	(46,180)
Total Exp Authority	0	2,227	3,259,863	3,116,458	3,808,735	4,069,369	260,634
Reimbursements	0	0	0	0	0	0	0
Total Appropriation	0	2,227	3,259,863	3,116,458	3,808,735	4,069,369	260,634
Operating Transfers Out	0	0	0	0	0	0	0
Total Requirements	0	2,227	3,259,863	3,116,458	3,808,735	4,069,369	260,634
Departmental Revenue							
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	0	0	1,580,121	1,165,228	1,165,228	1,010,294	(154,934)
Fee/Rate	0	172,843	1,442,458	1,205,865	1,200,408	2,257,192	1,056,784
Other Revenue	0	370	410,129	569,195	567,267	54,630	(512,637)
Total Revenue	0	173,213	3,432,708	2,940,289	2,932,903	3,322,116	389,213
Operating Transfers In	0	500,000	0	32,000	32,000	0	(32,000)
Total Sources	0	673,213	3,432,708	2,972,289	2,964,903	3,322,116	357,213
				Fund Balance	843,832	747,253	(96,579)
				Budgeted Staffing	25	24	(1)

BUDGET CHANGES AND OPERATIONAL IMPACT

Staffing expenses of \$2,071,833 fund 24 budgeted positions. The net decrease of 1 position reflects the addition of a Contract Nurse position and the deletion of a Supervising Office Assistant and a Public Service Employee. The net increase in appropriation of \$252,824 reflects the savings related to vacant positions in 2010-11 and salary adjustments in 2011-12.

Operating expenses of \$1,288,449 includes contracts for professional services and the purchase of a new data system. The increase of \$99,339 is due to purchase orders to pay for projects that were not yet completed in 2010-11.

Capital expenditures of \$63,000 represent Hospital Preparedness Program grant funded equipment.

Contingencies of \$646,087 are decreasing by \$46,180 due to lower than expected revenues in 2010-11.

Departmental revenue of \$3,322,116 represents payments from fees charged for services and federal grant funding. The increase of \$357,213 is the result of an increase in specialty care hospital fees.



2011-12 POSITION SUMMARY

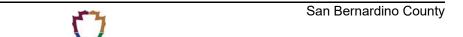
Division	Regular	Limited Term	Total	Filled	Vacant	New	Total
Management/Administrative Support	8	1	9	9	0	0	9
Prehospital and Trauma Program	4	4	8	8	0	0	8
Perfomance Based Contracts	5	0	5	5	0	0	5
Medical Disaster Preparedness Program	2	0	2	2	0	0	2
Total	19	5	24	24	0	0	24

Management/Administrative Support 1 Executive Director 1 Program Coordinator 1 Staff Analyst II 1 Secretary I 1 Fiscal Assistant	Pre-Hospital/Trauma 4 EMS Nurses 2 EMS Specialists 1 Cont. EMS Technical Consultant 1 Public Service Employees	Performance Based Contracts 1 Program Coordinator 1 Staff Analyst II 2 Statistical Analyst 1 Office Assistant III	Medical Disaster Preparedness 1 EMS Nurse Educator 1 Medical Emergency Planning SP
3 Office Assistant III			
1 Office Assistant II			





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ARRA: American Recovery and Reinvestment Act

CCH: Cardiac Care Hospitals

CDH: Community Development and Housing

ColDA: San Bernardino County Industrial Development Authority CoRDA: County of San Bernardino Redevelopment Agency

COWCAP: Countywide Cost Allocation Plan **EDA:** Economic Development Authority **EMS**: Emergency Medical Services

EMSA: Emergency Medical Services Authority

ICEMA: Inland Counties Emergency Medical Agency **IHSS:** In-Home Supportive Services Public Authority

IVDA: Inland Valley Development Authority

PA: Public Authority

San Bernardino County

SERAF: Supplemental Education Revenue Augmentation Fund

VVEDA: Victor Valley Economic Development Authority

WIC: Welfare and Institutions Code



- County of San Bernardino -

YOUR COUNTY... YOUR FUTURE









